



## Arizona Early Intervention Program Individualized Family Service Plan (IFSP)

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Today's Date \_\_\_\_\_

Responsible Person(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip code

Foster Care N \_\_\_\_\_ Y \_\_\_\_\_ ACYF \_\_\_\_\_ DDD \_\_\_\_\_ Language of the home \_\_\_\_\_ Child \_\_\_\_\_

Social Security # \_\_\_\_\_ ASSISTS ID# \_\_\_\_\_ AHCCCS ID# \_\_\_\_\_

Arizona Long Term Care (ALTCS) Eligible Y \_\_\_\_\_ N \_\_\_\_\_ Insurance (TPL) Y \_\_\_\_\_ N \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Insured Id # \_\_\_\_\_

Health Plan \_\_\_\_\_ Primary Care Physician (PCP) \_\_\_\_\_

Address of PCP \_\_\_\_\_ Phone \_\_\_\_\_

Primary Agency \_\_\_\_\_ Phone \_\_\_\_\_

Service Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Initial IFSP \_\_\_\_\_ 6 mos. \_\_\_\_\_ Annual \_\_\_\_\_ Other

School Dist. \_\_\_\_\_

## Daily Routines, Activities and Interactions

<u>Date</u>	Describe a typical day with your child. What activities/routines are your child/family involved in? Where/with whom does your child spend time? How often/how much time (day/evening/weekend/frequency)?		
<u>Date</u>	Describe the people, toys, activities, routines and places your child enjoys most.	<u>Date</u>	Describe the people, toys, activities and places your child is most frustrated by
<u>Date</u>	Are their activities or routines that your family is interested in doing now, but are not because of your child's special needs? Are there future activities or routines that your family is interested in planning for (for example family trip, play group, attending baseball games) and wonder how your child's special needs will be met? If so, please describe		

## Family Resources, Priorities, Concerns and Interests

<p>I want to know more about, or am interested in...</p> <p><i>For example; meeting with other families who have similar concerns, ideas for involving other family members and friends, information about my child's disability.</i></p>	<p>I have questions/concerns about my child's...</p> <p><i>For example; feeding, calming, communication, movement, vision or hearing.</i></p>	<p>Resources that help our family...</p> <p><i>For example; relatives, friends, religious affiliations, community groups/agencies, playgroups and community events.</i></p>	<p>In addition to what you have already shared, is there anything else you would like to tell us that would be helpful in planning supports and services for your child and family?</p>
<p><u>Date</u></p>	<p><u>Date</u></p>	<p><u>Date</u></p>	<p><u>Date</u></p>

## **Summary of Child's Present Levels of Development**

*As we plan how to provide you and your child with supports/services, we prepare a summary of your child's health, growth and development. It is important for us to think about your child's vision, hearing, and nutritional status. Other information that might effect planning include birth history, additional diagnosis, medications, issues that might effect your child's performance, etc.. You have already helped us gather this information. Possible sources of information for this summary include conversations we have had with you, observations of your child in daily routines, formal assessments and medical reports.*

## **Summary of Child's Present Levels of Development, continued**

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## Child/Family Desired Outcome # \_\_\_\_\_

<u>Date</u>	What does your family want to see happen or changed as a result of early intervention and how will we know we've made progress? (include timelines)		
<u>Date</u>	What is happening now related to this outcome? (including child and/or family resources and concerns)		
<u>Date</u>	Ideas/activities <i>(things we are /will do to make this happen)</i>	<i>People</i> <i>(who will teach, learn, do)</i>	Natural Environments <i>(activity settings or places to learn/do)</i>

### REVIEW/CHANGE DATES

\_\_\_\_\_ We will need to continue \_\_\_\_\_.  
 \_\_\_\_\_ Completed (reached our outcome). \_\_\_\_\_ We have revised \_\_\_\_\_.  
 \_\_\_\_\_ Team members have been informed.

**Natural Environments:** Early Intervention services must be provided in natural environments (settings that are natural/typical for the child's age peers who have no disabilities) to the maximum extent appropriate, and can only be provided in settings other than natural environments when outcomes can't be achieved satisfactory in natural environments. IDEA requires justification to support the IFSP team decision that outcome/strategies cannot be achieved satisfactorily in natural environments.

1) Why outcomes/strategies cannot be achieved in natural environment.	2) How will intervention be generalized to the natural environment.	3) Plan/ timeline to move service into natural environment.
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## Transition Plan and Timeline

**Individual Transition Plan for:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Transition Event	A Closer Look	Timeline	Date Achieved
Parents informed of available programs and services available after a child's third birthday.	<p>Programs may include: community preschool/daycare, Head Start, school district preschool, etc..</p> <p>Family encouraged to brainstorm questions regarding transition process.</p>	Throughout enrollment in AzEIP.	
Sign releases of information.	<p>A release of information is required to share records between programs.</p> <p><i>*SC is the facilitator and provides records required by PS district, ADE provides information on educational preschool options &amp; eligibility requirements, Procedural Safeguards and other assessment needs</i></p>	At or before the pre-transition meeting.	
Transition Planning Conference	Transition Planning Conference District Representative is invited to describe various program options, answer questions and share records when necessary.	3-6 months prior to child's 3 <sup>rd</sup> birthday	

## Transition Plan and Timeline continued

Transition Event	A Closer Look	Timeline	Date Achieved
Offer visits to program option sites	Visits to program sites should be arranged with the family by district representative.	3-6 months prior to child's 3 <sup>rd</sup> birthday	
Multidisciplinary Evaluation Team explains results of the assessment and Procedural Safeguards.	Eligibility or non-eligibility for special education and related services is determined. If eligible, family makes decision whether or not they want special education and related services.	By child's 3 <sup>rd</sup> birthday.	
If program other than special education and related services is chosen by family, referral made to appropriate community program(s).	Other referrals may also be made at this time, but procedures may vary. Service coordinator and family may release records to selected program(s).	By child's 3 <sup>rd</sup> birthday.	



## Supports and Services Needed to Make Progress Towards Outcomes

Supports/Services <i>Remember, each service and support needs to be linked to an outcome.</i>	Outcome #	How often & how long each time?	Who will do this?	In what activity setting will this take place? <i>Justification must be written on outcome page.</i>	Who will pay?	Start Date	End Date
Other related services needed:							

## IFSP Team Page

### Informed Consent by Parent(s) for Early Intervention Services:

I have participated in the development of this IFSP and understand the content. I understand that I can accept or refuse any or all of the services identified on the IFSP. I understand that my consent for services may be withdrawn at any time.

Please check and sign below:

1. \_\_\_\_ I agree with the proposed IFSP as written. I further understand that my signature below indicates that: a) I have been fully informed of the supports/services being proposed; b) my service coordinator explained my rights under this program, and I received a written copy of the AzEIP Procedural Safeguards for Families Booklet; and c) I give permission to carry out this IFSP as written.

2. \_\_\_\_ I do not agree with the proposed IFSP as written, however, I do give permission for the following supports/services to begin:

My service coordinator explained my rights under this program, and I received a written copy of the AzEIP Procedural Safeguards for Families Booklet. **[Notice of Action must be given to the family.]**

3. \_\_\_\_ I have received copies of the AzEIP Family Satisfaction Surveys.

Parent/Surrogate Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Surrogate Signature \_\_\_\_\_ Date \_\_\_\_\_

Date this IFSP was revised with a meeting: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: Parent must indicate their approval for changes made to the IFSP by initialing and dating the changes (unless per phone request by parent.)**

List all IFSP Team Members, present or not, who have contributed to the development of this IFSP, using additional page if needed.

			Present	Report given
Name	Relationship/Agency	Phone	_____	_____

Address

Name	Relationship/Agency	Phone	_____	_____
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Address

## IFSP Team Page Continued

Present    Report given

Name	Relationship/Agency	Phone	_____	_____
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